

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

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| SERIAL NO. | 10/520484 | FILING DATE |
| APPLICANT(S) | | |

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL DEP. | | | 16 | | | |
| TOTAL CLAIMS | | | 18 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |